PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/589,938			ing Date 29/2007	To be Mailed
APPLICATION AS FILED — PART I OTHER THAN (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
	FOR	N	UMBER FILED N		IMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A		l	N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),	E or (q))	N/A		N/A		N/A			N/A	
	FAL CLAIMS CFR 1.16(i))		minus 20 = *			1	x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 = *		/		x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pap 50 (\$125 ional 50 s	ation and drawings exceed 100 er, the application size fee due is for small entity) for each sheets or fraction thereof. See (a)(1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If t	he difference in col	r "0" in column 2.		TOTAL		ı	TOTAL				
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))	*	Minus	**	-	•	x \$ =		OR	x s =	
	Independent (37 CFR 1,16(h))	•	Minus	***	=]	x \$ =		OR	x s =	
ME	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT	03/15/2010	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,18(i))	· 22	Minus	·· 24	= 0	1	x \$ =		OR	X \$52 =	0
Δ	Independent (37 CFR 1.16(h))	* 3	Minus	*** 3	= 0]	x \$ =		OR	X \$220 =	0
띫	Application Size Fee (37 CFR 1.16(s))					ı			ı		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						TOTAL		OR		
									OR	TOTAL ADD'L FEE	0
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid or 'N ITHS SPACE is less than 20, enter 2" If the "Highest Number Previously Paid For 'N ITHS SPACE is less than 3, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 3, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "(I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less than 5, enter 3". If the "Highest Number Previously Paid For "I N ITHS SPACE is less											

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public within it is life (and by the USPTO to process) an application. Confidentiality is overwed by 80 US 6.7. 22 and 37 CFR 1.4. This collection is estimated to table 12 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sont to the Child information Officer. U.S. Patent and Transf. Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.